

07-01-05

1756



37569-408700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	Customer No. 27717
)	
Applicants: Hironori Kobayashi et al.)	
)	
Serial No. 09/882,409)	Group Art Unit: 1756
)	
Filed: June 15, 2001)	Examiner: John A. McPherson
)	
For: STRUCTURE FOR PATTERN)	Confirmation No. 8853
FORMATION, METHOD FOR)	
PATTERN FORMATION, AND)	
APPLICATION THEREOF)	

TRANSMITTAL LETTER

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

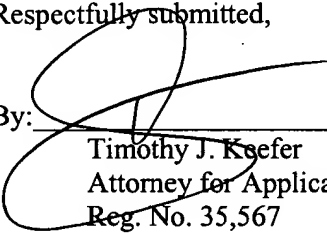
Please find enclosed the following for filing in the above-identified application:

1. Transmittal Letter
2. Fee Transmittal (duplicate)
3. Response to Office Action of December 30, 2004
4. Petition for Three-Month Extension of Time
5. Three Terminal Disclaimers to Obviate a Double Patenting Rejection Over a Prior Patent
6. Checks for Three-month extension fee (\$1,020.00) and disclaimer fee (\$390.00)
7. Express Mail Certificate (EV438703565US)
8. Postcard.

The Commissioner is hereby authorized to charge any necessary fees to Deposit Account 19-1351. In the event of non-payment or improper payment of a required fee, the Commissioner is hereby authorized to charge or credit Deposit Account No. 19-1351 as required to correct the error.

Respectfully submitted,

Date: 6/30/05

By: 

Timothy J. Kaefer
Attorney for Applicants
Reg. No. 35,567

SEYFARTH SHAW LLP
55 East Monroe Street, Suite 4200
Chicago, Illinois 60603-5803
Telephone: (312) 346-8000
Facsimile: (312) 269-8869



APPLICANTS: Hironori Kobayashi et al.

APPL. SERIAL NO.: 09/882,409

FILING DATE: June 15, 2001

ENTITLED: **Structure for Pattern Formation, Method for Pattern Formation, and Application Thereof**

CERTIFICATE OF EXPRESS MAILING

EXPRESS MAIL MAILING NUMBER: EV438703565US

DATE OF DEPOSIT: June 30, 2005

I hereby certify that the attached paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, Box 1450, Alexandria, VA. 22313-1450

Irene Feizulov
(Name of person mailing paper)

Irene Feizulov
(Signature of person mailing paper)

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL JUN 30 2005 For FY 2005		Application Number	09/882,409
		Filing Date	June 15, 2001
		First Named Inventor	Hironori Kobayashi
		Examiner Name	John A. McPherson
		Art Unit	1756
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	37569-408700
TOTAL AMOUNT OF PAYMENT		(\$) \$1,410.00	

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 19-1351
 Deposit Account Name: SEYFARTH SHAW LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fees Paid (\$)**
 - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fees Paid (\$)**
 - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Three-Month Extension Fee; Terminal Disclaimers (3)</u>	\$1,410.00

SUBMITTED BY		
Signature	Registration No. <u>35,567</u> (Attorney/Agent)	Telephone <u>312-346-8000</u>
Name (Print/Type) <u>Timothy J. Keefer</u>	Date <u>6/30/05</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.